U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only S DOL ESP REC'D REC'D AND-82005	
MS DROIT	

1. File Number U -

Name Pasquale

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 206 Brinkerhoff Street

Mancini

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 007-246

P.O. Box, Building and Room Number, if any

Street 700 Raymond Boulevard

Name Heavy & General Const. Lab Local 472

City Ridgefield Park		City	Newark		
State New Jersey	ZIP Code + 4 07660	State	New Jersey	ZIP Code + 4 07105	
5. Position in labor organization. Audidor/Busifness Representative					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employe	er (including trade name, if any).	7.a. Na	ture of Interest, Trans	action, or Income.	
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if a	ny		·		
Street		7.b. An	ount.		
City					
State	ZIP Code + 4				
Signature					
submitted in this report (includi undersigned knowledge and	belief, true, correct, and complete. (See the se	ying docu action on p	nents), has been exa enalties in the instruc	mined by the signatory and is, to the best of the tions.)	
Signed Dage	ale Mancini	On	07/07/2005 Date	(973) 589-5050 Telephone Number	
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Name of Person Filing Pasquale Mancini	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Zazzali, Fagella, Nowak, Kleinbaum & Friedman Trade Name, if any:	X a. Labor Organiza	tion			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer				
Street One Riverfront Plaza City Newark					
State New Jersey ZIP Code + 4 07102					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Law firm that represents Laborers Local 472				
Trade Name, if any: P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City State ZIP Code + 4	12.a. Nature of interest held or income received. Received a traditional Holdiay season Fruit Basket which I assume that the value to be greater than \$25.00.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City State ZIP Code + 4					

14.b. Amount of payment.

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or Consultant

13.b. Is the Business an Employer